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## BIB DATA SHEET

CONFIRMATION NO. 4240

<b>SERIAL NUMBER</b> 10/572,795	<b>FILING or 371(c) DATE</b> 10/09/2008 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1628	<b>ATTORNEY DOCKET NO.</b> 3724-101	
<b>APPLICANTS</b> Thomas Wilckens, Muenchen, GERMANY; Ariane Volkmann, Diessen, GERMANY; <b>** CONTINUING DATA *****</b> This application is a 371 of PCT/EP04/10582 09/21/2004 which claims benefit of 60/504,717 09/22/2003 <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 12/16/2009					
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and /SHIRLEY V GEMBEH/ Acknowledged Examiner's Signature	<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> GERMANY	<b>SHEETS DRAWINGS</b> 0	<b>TOTAL CLAIMS</b> 18	<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> ROTHWELL, FIGG, ERNST & MANBECK, P.C. 1425 K STREET, N.W. SUITE 800 WASHINGTON, DC 20005 UNITED STATES					
<b>TITLE</b> Prevention and treatment of inflammation-induced and/or immune-mediated bone loss					
<b>FILING FEE RECEIVED</b> 1330	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		